CALIFORNIA CHIROPRACTIC COLLEGES

LOS ANGELES COLLEGE OF CHIROPRACTIC

The Chirogram

THE CHIROPRACTIC PHYSICIAN MARCH 1976, VOL. 43, NO 3

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[SUBJECT]

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EDITORIAL COMMENT

WHAT IF ---
There were no more chiropractic colleges?
WHAT IF ---
Tomorrow they all decided to close their doors -
Abandon the field - and forget the whole thing?
WHAT WOULD HAPPEN?
The profession would slowly die!
All of the work and progress to date would have been in vain!
And the public would forget about chiropractic!
And countless people would be deprived of its benefits!
No new doctors would come into the field -
To replace those retiring - or dying.
Those left would have no help.
AS THERE WOULD BE NO EDUCATIONAL BACKUP -
Governments would abandon us -
Insurance privileges would be withdrawn -
And examining boards would be dissolved.
THERE WOULD THEN BE NO ONE TO TURN TO
For research.
For help with professional problems.
For advancing the profession.
For fighting, in many ways, for practitioner rights.
TO PARAPHRASE A SAYING:
"A profession does not live by practitioners alone,
but by every benefit bestowed by its schools."
THE SCHOOL IS THE WOMB - AND THE CRADLE OF THE PROFESSION!
Without the schools, no profession could survive.
AND WHAT IF ---
Every practitioner in the field decided that
He would no longer support the schools,
with money - students - and with good solid moral support.
"IT WOULD SURVIVE ON TUITION FEES?"
No way!
If a professional school tried to survive on tuition alone -
it would fail!
BUT WHAT IF EVERY PRACTITIONER DECIDED TO
Well - tithe of his net to the support of the schools,
Or even much less - but on a regular basis - as a tax deduction.
THE CHIROPRACTIC PROFESSION WOULD SUDDENLY BE VIRILE!
No detractor could touch - or even threaten it.
Government would seek its council
And listen with respect!
And people would fill offices and clinics demanding chiropractic care.
FROM OUR ACADEMIC INSTITUTIONS
Would emerge a host of our own particular breed of doctors -
knowledgeable - sophisticated - polished - secure in a well learned
philosophy and expert in a thoroughly taught science ------ and
SUDDENLY AND WONDERFULLY - WE WOULD HIT THE STARS!

JDK

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CIRCULATION — 11,000

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Dedicated to the dissemination of current and research information relative to the field of Chiropractic Therapeutics

FEATURE ARTICLES

REGULAR FEATURES

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EVALUATING THE PROBLEM PATIENT

by
JAY DAVIS KIRBY, D. C., Litt. D.

It has been said that the therapeutic progress of the patient is in direct proportion to the patient's psychological acceptance of therapy. It has also been pointed out that the effectiveness of the physician is in direct proportion to the degree of acceptance of the physician that the patient gives.

In the evaluation of a patient for therapy, the following points should be kept in mind.

(a) The ability and willingness of the patient to follow the physician's orders.
(b) Confidence in the physician's ability on the part of the patient, and his willingness to work within that framework.

Those who do not particularly make good patients or respond to therapy are those with:

(a) Inability for precise thinking.
(b) No power of imagination.
(c) Those who resent following directions.
(d) The patient who wants to know the why and how of everything.
(e) The patient who avidly reads medical articles in lay journals and attempts to apply the contents of those articles to their own case.
(f) The patient who tries to direct his own therapy.

The patient with a great deal of anxiety, who is quite critical, is overly aggressive and who is very subjective not only makes a difficult or poor patient, but also succeeds in impeding his own therapy.

THE SUBJECTIVE PATIENT:

The patient who is subjective is an emotional patient. He is self-absorbed and handles logic quite poorly. He can be recognized as the one who in giving a case history exaggerates his illnesses. He may be short tempered and may become openly hostile or argumentative. This patient is overly demanding. If allowed, can become abusive of office personnel.

He will express very strong likes and dislikes. With this person things are always black or white, never shades of gray. He may and usually does show strong prejudices.

In taking the case history look for evidence of family disturbances or job jumping. His work record may be sporadic, and unsatisfactory, as he may have difficulty with holding jobs.

Many times he is a "loner". Although far from giving perfection himself he demands perfection from others including the physician.

In the physical examination signs and symptoms will be found to be inconsistent with the severity of the complaints. Many patients will show muscular spasticity especially of the low back and of the cervical area. Heart sounds may be irregular. In the older patient there is a strong possibility of arthritic involvement.

Laboratory testing should seek to discover the existence of a hyperchlorhydria and an analysis should be made of adrenal function.

These self-centered people are highly nervous and many times their behavior may appear paranoid like.

The Low Energy Level Patient

This patient is devoid of energy. Usually his complaints are chronic in nature. He reports a poor appetite, sleeps a lot, and usually will report low or non-existent sexual activity.

Interestingly these patients usually have a chronic problem of constipation, together with other digestive upsets.

Here again is the complaining patient. Questioning may reveal a poor work record due to excessive absences blamed on illnesses.

In performing the physical examination the musculature will usually be found to be flabby and relaxed. This patient will be observed to move more slowly than normal. Also he may be somewhat slower in mentation. There are signs and symptoms of toxicity.

A rectal examination will confirm the complaint of constipation as the rectum will be "loaded". Application of the stethoscope to the abdomen will reveal a slow peristalsis. The patient may complain excessively of gas. Generally the patient will demonstrate a low blood pressure.

Laboratory testing should be directed toward the search for anemia, hypothyroidism and/or hypochlorhydria.

The Anxiety Patient

Here again is the patient with excessive complaints, however this patient seeks sympathy and excessively verbalizes concern or worry about himself. He is constantly fearful. The psychologist would report this patient as demonstrating a "free floating anxiety".

Facial characteristics are that of a person constantly under strain. He will frequently verbalize frustrations about practically every aspect of life. He may also report home or job conflicts.

In treating this patient the physician may be confused by eliminating one ailment or symptom, only to have another symptom or group of symptoms appear. This is a typical example of the free floating anxiety type.

Physical findings will be revealed as an erratic tachycardia. Application of the stethoscope to the abdomen will reveal a

hyperperistalsis. Blood pressure may be high. There may be such observable signs as excessive eye blinking, and/or evidence of nail biting. On palpation the physician usually will find muscular imbalance with one side spasticity, especially in the low back and in the cervical area. He may exhibit muscular tics. In performing a rectal examination the anal sphincter will be found to be excessively tight. This patient is usually subject to various avitaminoses.

The Critical Patient

The patient who has a high critical factor will express multiple and vaguely defined complaints about his home or job situations. The fault in these episides always lies with someone other than himself. He is an expert at projecting blame. The critical nature of this patient often is a symptom of depression, and feelings of low self worth, which he is trying to compensate.

Don't be surprised if this patient breaks therapy, leaves your care and blames you for his lack of progress or even for his case worsening. He finds fault with everything and with everyone including the physician and your office personnel. He has a record of "job jumping" as well as "doctor shopping".

These are patients who instigate malpractice suits.

He resents being given directions, is impatient and is very reactive to criticism. His ability for handling logical situations is usually very low. Needless to say, a very weak ego is involved here.

A physical examination will display few, if any, signs or symptoms of illness.

Laboratory analysis may or may not show a hypochlorhydria.

The Aggressive Patient

When this patient first appears in the doctor's office he can really fool both the physician and the office personnel. He seems, at first, to be cheerful and enthusiastic about the doctor and the treatment. Many times, at the end of the first treatment, he will verbalize that he has now found the perfect doctor and will be a patient in this office forever. He usually will promise many referrals because of his delight with your care. Don't count on it! Seldom will this patient refer anyone to the office!

This is the patient that must be controlled when you are trying to take a case history. He will over-talk and will attempt to fill the case history session with the reporting of many irrelevant details. He usually will try to get on a "buddy" basis with the doctor and is fond of calling doctor, nurse, and everyone else by his or her first name. This should be firmly discouraged. He is opinionated and talks a great deal about himself. There is a strong tendency to brag.

If allowed, this patient will usually try to "take over" part of the office routine by setting his own appointments, dictating his own payment plan and eventually try to direct his treatment.

His work record usually is very excellent. He is quite a hard worker. He may be an executive, in supervisory or in sales positions. He may be quite successful. He may be a professional man.

Physical findings usually show his complaints to be well grounded. Hyperperistalsis will usually be found. There may be tachycardia. The general health index is good however his blood pressure should be closely watched for elevation. X-ray may show some degree of cardiac enlargement. The Diagnex blue test may show hyperchlorhydria and a search should be instituted for peptic or duodenal ulceration.

It must be remembered that here is an extroverted, analytical patient who considers himself to be an authority, and usually resents another's authority. He follows direction with difficulty.

The Emotionally Immature - Dependent Patient

Here is the apparently grateful patient. Again we meet someone who is always going to fill your office with referrals but seldom, if ever, refers a case.

This patient is unsure of himself and is impatient. He is prone to exaggerate his minor illnesses. His first appearance at the office may be on an emergency call basis, and when arriving at the office the emergency is found to be exaggerated or even non-existant.

This patient, with the Casper Milquetoast personality, appears overly grateful and may be constantly apologetic. He misses appointments frequently but has a good excuse, always. Many of these excuses are invalid, and this tendency to lie will extend into practically all phases of his relationship with the doctor.

This patient may be expected to be late for appointments or may frequently cancel without notice. If he does call for a cancellation it will usually be at the last minute, always with an apology and with a detailed description of an "emergency".

This person is overly dependent. He enjoys fixing a dependency, especially on a physician, whom he considers to be an authority figure.

He may report many episodes of minor scrapes in which he was the abused one or else the victorious - usually neither is the case. This patient may frequently be involved in minor accidents and could be considered to be accident-prone.

The physician should be aware that many of the illnesses reported by this person may well be psychosomatic. He should be watched closely for alcoholism or other drug dependency.

As an emotionally immature, overly dependent person he handles rejection very, very poorly. He cannot handle stress situations. The higher the stress, the more illnesses he reports. He may be suicide-prone, and threats to take his own life should be regarded seriously.

Any practitioner with long experience can look back and recall patients in all of these categories, and probably identify some in his current practice. When these various manifestations are understood by the physician treatment becomes easier and these patients are less likely to stress the doctor.

One final word. Most of these patients are extremely bad credit risks, and should be maintained in practice on a cash basis.

TOO MUCH MEAT
A LOOK AT MEAT
IN HUMAN NUTRITION

By Dr. Bert L. Fairbanks
The University of Lethbridge
Lethbridge, Alberta, Canada

WRITTEN ESPECIALLY FOR THE CHIROGRAM

Part 2

MEAT IS EASILY REPLACED BY MILK AND EGGS

The chief nutritional value of the flesh of beasts and fowl is that it furnishes protein which is an indispensable part of every living cell. For many years past many influential people, including coaches and doctors, have insisted that the most essential part of each meal was meat. However, in light of nutritional research, meat is only one of the many available sources of high quality protein. When amino acids were first studied, it was thought that to make up a complete protein, all eight of the essential amino acids had to be eaten at the same meal. If all eight were not present in the right amounts the body would be immediately lacking for the quality of protein which it must have to maintain itself in good health. Now it is understood that the body can make up temporary deficiencies from the pool of materials within the body system -- the materials supplied as old cells break down, from materials sloughed off intestinal walls, digestive secretions, et cetera. In this way a well nourished individual can make up for the occasional meal where all of the essential amino acids may not be supplied in just exactly the right amounts which are required.[17]

There is no indispensable food, there are only indispensable nutrients, and it is now obvious that there are many ways to compound a good diet so that these nutrients may be supplied in adequate amounts. Generally speaking, grains and legumes make a good protein combination, or grains and dairy products, or legumes and seeds. A combination of lentils and wheat gluten produce growth in clinical tests as satisfactorily as condensed milk. Other combinations are helpful but not so complete as these.[18] From this it may be seen that a vegetarian diet can be widely varied in flavor, texture and color and yet supply the nutrients which are required for good health.

Some people, besides refraining from using meat, may not wish to use dairy products or eggs. The main problem here is the need for vitamin B-12. There is no vitamin B-12 in plant products, such as grains, vegetables, fruits, etc. except trace amounts which might be absorbed from the soil while the plant is growing. (In contrast to the statement just made, a wheat germ assay made by the department of agriculture at the University of Illinois revealed

that wheat germ contains 3 mcg. of vitamin B-12 per ounce and is a good source of this vitamin.)[19] "All the vitamin B-12 available to man and animals comes originally from that produced by bacteria and fungi, either directly or indirectly, in foods that have taken it up from soil or animal feeds, or produced by microbal synthesis in the intestine of the animal."[20] There are a number of people including vegetarians and some medical doctors who claim that vitamin B-12 can be synthesized within the human intestine, providing the diet is well supplied with a variety of fruits, vegetables and legumes.

One thing is very certain. If a person has any concern at all about being well supplied with all of the essential amino acids, vitamin B-12 or any of the other important elements in nutrition, they can all be obtained very easily by including in a normal diet a wise selection of grains, fruits and vegetables, supplemented with milk, milk products and eggs. Meat is in no way essential to good health or long life.

Of the animal proteins, "fresh eggs and clean milk have the highest value"[21] for they contain the 10 essential amino acids. Dr. Bogert states: "Eggs are superior to muscle meat in their nutritive value and 3 to 4 eggs -- more when possible -- should be purchased weekly for each individual before buying meat. An egg a day is highly desirable especially for children."[22] However, one should not eat too many eggs for they are acid forming as is meat and tend to cause putrefactive bacteria in the bowels, though not to the same extent as does meat. Next in value are the so-called "organ meats" -- liver, kidney, heart, brains -- which are also richer in vitamins and minerals than the muscle meats. Chops, steaks, roasts, contain less of the essential amino acids, but are good protein foods if used "Sparingly".

Eggs are listed as complete protein. They contain about 74% water and 26% dry matter. The dry matter is made up of protein and fat in about equal proportions. The fat and also the vitamins, A, B, C, D, E, and G plus the minerals occur in the yolk. The white of the egg is rich in vitamin B or B-2 hence eggs are one of the most valuable of protein foods.

Eggs have been condemned by many physicians on the grounds of the high cholesterol content of the yolks. Eggs, however, are one of the most perfect foods, rich in vitamins, minerals, and essential amino acids. This unwarranted fear of dietary cholesterol apparently ignores research on the effects of egg yolks on atherosclerosis. Animal studies support the position that eggs consumed in large quantities in the diet, other things remaining equal, are not atherogenic. While both the cholesterol and lecithin of egg yolks may increase serum cholesterol levels -- the actual amount circulating in the blood -- the cholesterol/phospholipid ratio remains normal, and arterial fatty deposits are prevented from forming. (Lecithin acts to reduce the size of the lipid particles in the blood stream, thus acting to inhibit or improve the atherosclerotic condition. The evidence points strongly to the conclusion that the nutritional environment of the body cells -- involving minerals, amino acids,

and vitamins -- is crucial, and that the amount of fat or cholesterol consumed is relatively inconsequential.)[23]

Milk is a well balanced food, with about 87% of water, the remaining 13% being divided into about 3.5% protein; 3.9% fat; 4.9% carbohydrate or milk sugar; and 0.7% mineral matter including calcium and phosphorus -- all of them so greatly needed by the body for growth and repair. Milk also contains vitamins A, D, B-2 or riboflavin, and some B-l or thiamin, especially if cows are fed on green pasture. The carbohydrate of milk, lactose or milk sugar does not ferment as other sugars do and thus is a preventive of digestive disturbances. Another advantage of milk is that the lactic acid organisms in milk will in time cause it to sour and these organisms prevent the formation of putrefactive bacteria in the bowels.

Recent findings indicate that cardiovascular lesions are not induced by the fact of whole milk, but may be caused by the lack of accompanying nutrients in processed milk products. Research data suggests that adequate whole milk, including the butterfat, and essential trace minerals actually protect against cardiovascular damage. In studies made by Denizen and his co-workers, it was noted that nonfat dry milk produced atherosclerosis in rats, while milk with added butterfat did not. Thus, we must question the wisdom of the current fad of removing the butterfat from milk. There is also considerable evidence to question recent proposals to substitute polyunsaturated fats for saturated fats in some ninety-odd types of foods.[24]

Vegetable proteins are found in all plant tissues in varying amounts but they usually lack sufficient amounts of one or more of the essential amino acids and are therefore called incomplete proteins. The fact that most vegetable proteins are lacking in some of the essential amino acids is the reason why it is "difficult" to obtain maximum nourishment from vegetables alone. (It is only difficult if a person does not understand nutrition and does not include a good complementary variety of grains, fruits and vegetables in the diet.) However, a properly selected low meat or wholly vegetarian diet, if supplemented with milk, cheese and eggs, will support life completely. This conclusion is born out by experiments carried out by men of the highest professional training and integrity.[25]

It is also of interest to note that many authorities do not advise the feeding of meat to children even though it is recommended by many doctors. Moreover, adults who are heavy meat eaters often do not eat sufficient amounts of the other necessary foods.

An interesting experiment was conducted by Dr. Mary Swartz Rose of Columbia University. It shows the great value of milk and egg proteins over meat proteins. Three groups of rats of the same age, size and weight were used. Group A was fed all they wanted of 100% whole wheat bread and whole milk with a little salt and all the water they would take. Group B was fed likewise with bread and meat -- all they would eat. Group C the third group was also fed likewise with bread and eggs.

Group A grew throughout forty six generations with an ever-increasing degree of health, vigor and power of reproduction. The last generation was far more healthy and perfect specimens of rat-hood than were those which began the experiment. Group B grew for a period which would correspond to about 2 years in the life of a human. Then they gradually sickened and died -- there never was a second generation. Group C fared almost as well as Group A.[26]

IS MAN DESIGNED TO EAT MEAT?

Those who insist that man is anatomically designed to be a strict vegetarian, reason as follows:

"Someone might ask, 'Wasn't man biologically designed to eat meat?' Some writers have drawn that conclusion from a superficial examination (often based on medical diagrams only) of the digestive apparatus of man as compared with carnivorous and herbivorous animals. In many ruminants the bowel is long and convoluted, apparently to give the digestive enzymes room and time to break down the plant fibres in the animal's diet. By contrast, most carnivores have large, short, and comparatively smooth bowels. This, it has been reasoned, is because of its inherent danger of putrefaction and also because of the toxic wastes in flesh.

"It so happens that the human colon, when viewed in an anatomical chart, seems short, like that of the carnivore. 'Aha,' says the flesh advocate, 'that demonstrates that man was designed to be a meat eater.'

"But not so fast. Closer examination of the human colon will show that in actuality it is a rather long organ, after all, that has been foreshortened by three ribbonlike muscles (taeniae coli) that run its length. In other words, it is 'stretchable'. This makes an ideal organ for digesting a diet varied by fruits, grains, nuts, and vegetables. On the other hand, because of the time necessary for the normal movement of food along its length, putrefaction and toxic wastes in flesh present a potential danger to the human being".[27]

The diagrams (next page) demonstrate a considerable difference between the human bowel and the bowel of a typical carnivorous animal. The bowel of the typical carnivore is smooth, short, and stove-pipe-shaped, while the human bowel is moderately long (about five feet). The human bowel has been described as a canal or tube banded lengthwise by three muscular ribbons shorter than the intestine itself. This shortness of the bands gathers the intestine into folds or pouches so that it is not smooth, but puckered. It has been observed that the human bowel is designed for an intermediate and varied type of diet characteristic of grains, fruits, nuts, and vegetables.

"In general, the diet of the carnivore -- meat -- is small in bulk and rich in nutrients. Being quickly digested by the animal, it requires only a short endgut, or colon, to provide a straight, smooth passageway for the rapid evacuation of any undigestible remnants, lest they putrify in the warm interior."[28]

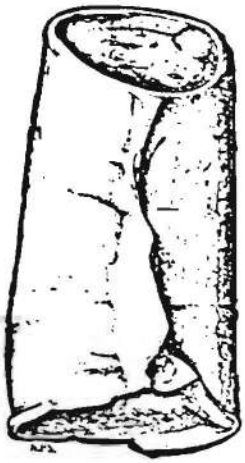

Fig. 1

Portion of bowel of a typical carnivore, showing the smooth, stove-pipe shape, with no bands or pouches.

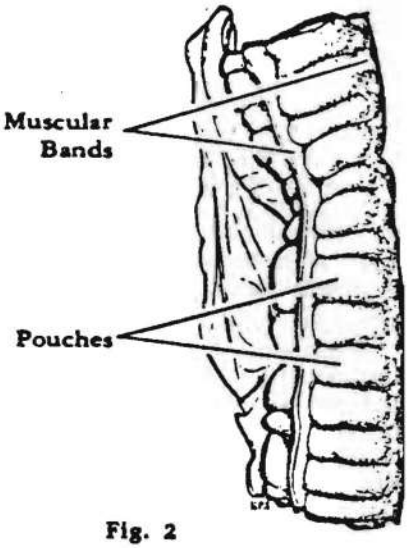

Fig. 2

Portion of human bowel, showing puckering caused by the three muscular bands which are shorter than the intestine itself.

Proponents of the all vegetarian diet are also quick to point out that upon close observation of the dental structure of man it becomes obvious that human teeth are not suited for grasping, tearing, and slicing raw flesh. Examination of the dental structure of modern man reveals that he possesses all of the features of a strictly herbivorous animal. Man has the sharp front teeth with which to bite off pieces of fruits and vegetables. He has the flat, nodular molars with which to grind grains, nuts and vegetables into small pieces suitable for swallowing.

Dr. Collens has made the observation that while man is designed to subsist on vegetarian foods, he has perverted his dietary habits to accept the food of the carnivore. "Herein may lie the basis for the high incidence of human atherosclerotic disease." [29]

Another aspect of the anatomical and physiological picture is whether the digestive process for meat is not more difficult for the human being than for the animal carnivore. In a study with a dog equipped with a Pavlov pouch (a device for studying the stomach processes of a live animal) researchers found that the quantity, duration, and acidity of gastric juice was greater in the digestion of meat than of vegetarian foods. This would indicate a greater stress on the lining of the stomach and intestines, a stress which the human digestive system is possibly not designed to cope with over continuous and extended periods of time. [30]

Regardless of whether man is designed to eat flesh or not it can be observed in many Americans, particularly adult men, that

their diets are badly balanced. They consume large intakes of muscle meats, sweets and fats, while almost completely avoiding the use of cereal except as refined flour entering into the preparation of sweet rolls or desserts. The vegetables and fruits are also extremely limited in both their amount and variety.[31]

In 1908 a Russian Scientist, Ignatovski, noted a much higher incidence of coronary atherosclerosis among the wealthy class in Russia than was found in the peasant population. He studied this situation and reported that the incidence of heart disease among the rich was related to a high dietary intake of meat and butterfat. (Knowing what we do about sugar today, it would be interesting to know what the sugar consumption was for this wealthy class of Russians). He was wise before his time and was silenced by disbelieving colleagues who could not accept his findings that the "best foods" in the diet were responsible for such a devastating disease process. [32]

Aside from the concern of too much animal fat in the diet, the digestion of excessive protein intake is itself a stress to the body that overworks the adrenal glands. People of middle age and beyond can no longer handle protein with the same efficiency of youth. It has been shown that excessive amounts of nitrogen-containing waste products presented for excretion, deposit in the kidney tissue, at least temporarily, and favor high blood pressure. The relationship between this and other kidney disease is a well-established fact. [33]

There is also some concern that high protein intake can cause a negative calcium balance. This can have very important implications in the pathogenesis of osteoporosis. There is some evidence that very low protein intakes also are detrimental to calcium retention.[34]

Many hard workers think meat eating is necessary for energy, and for this as well as for other reasons, they eat excessively of meat. In hot weather only that amount of protein is needed that will prevent a negative balance (loss of body proteins). For this purpose grains, milk, and vegetables can suffice. Heavy meat eaters have often been noted to tire easily while working under extremely hot conditions. A California asphalt road contractor observed that a large Negro, who ordinarily was his strongest worker, proved to be the first to suffer from heat. [35]

When other foods are not available and meat is needed to sustain life it does not have an overheating effect, even in warm weather. "There is practically no S.D.A. from proteins used for tissue replacement only. Therefore, during famine when proteins are needed for tissue replacement (even in hot weather), there is no overheating of the body from meat eating." The problem seems to come when considerable meat is eaten along with a considerable quantity of other foods. [36]

A comparison of the findings of modern science regarding the eating of meat, with the injunctions of the Word of Wisdom given over one hundred years ago, is most interesting. At the time that the Word of Wisdom was given, meat, when it could be obtained, was largely used by all classes. It was generally looked upon as the best and most necessary food for full health. (There are some who

share this same feeling regarding meat even to this day.) It was a courageous departure from accepted practice to teach that meat should be used "sparingly," and to further suggest that during time of plenty man could live without meat as part of his diet as implied in the words, "And these hath God made for the use of man only in times of famine and excess of hunger."[37]

Sooner or later we must come to a realization that good health comes as the result of obedience to laws which determine and build health, and that in almost all cases poor health is the reward of disobedience to these same laws. Ignorance does not nullify the effect of failing to observe natures laws of health. The knowledge is available and we need to take the time and effort to become fully informed. I am not sure that all of the statements made concerning meat are true, but there is much more evidence to suggest that flesh foods should perform a very minor role in the nutrition of man than that they should form a daily staple in the human diet. Many people eat too much meat, a few in very unfavorable circumstances do not eat enough.

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A CASE OF ADULT INTUSSUSCEPTION

Arthur V. Nilsson, D. C.
Los Angeles College of Chiropractic

NOTE: This article is a reprint of the original which appeared in the Chirogram, March, 1950.

Before relating a rather unusual case of adult intussusception recently encountered in the course of routine dissection in our Anatomical Laboratory, it might be well briefly to review the data associated with the classical type of this variety of intestinal obstruction.

Intussusception is a peculiar form of disarrangement of the intestine in which one part (the intussusceptum) has entered another (the intussuscipiens) or, as the classical expression goes, the intestine has become "telescoped."

The cause is variable, but mostly due to some condition which creates a local irritation attended by subsequent localized, temporary flaccid paralysis. A caudally proceeding peristaltic wave may then be instrumental in one part (the intussusceptum) being forced into the adjacent, immobile, relaxed part which becomes a sheath (the intussuscipiens) enclosing the former.

Fortunately, intussusception is rare. The person almost exclusively affected is the male infant. Its occurrence in the adult is not mentioned in the literature perused by the writer. The part usually involved is the ileocecal junction. Inasmuch as an intussusception under average conditions quickly causes much congestion and swelling, the lumen is first stenosed and eventually completely obliterated, the intestinal obstruction thus produced gives rise to sharp, colicky cramps and spasms, paroxysmal pains, fecal vomiting, and, most likely, bloody feces. If not promptly remedied - surgically, as a rule - death ensues.

With this classical picture in mind, it might be somewhat easier for the reader to appreciate a case of intussusception markedly different in certain respects.

As already stated, it was found during regular dissection. The body was that of a white, male, well nourished, and 64 years of age at the time of death. The location of the lesion was in the upper part of the jejunum, about 12 cm. distal to the duodenojejunal flexure.

Figure A shows the specimen excised, but otherwise intact. The bulge measures 6 cm. in length, 4 cm. in width, and 12 cm. at its largest circumference. The end at the observer's right (1) is the

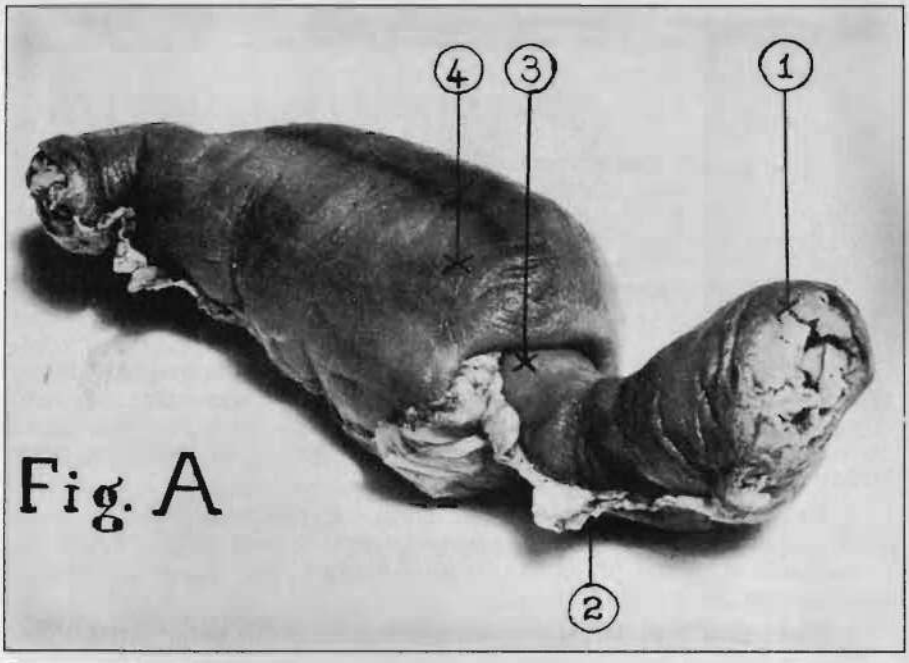

Fig. A

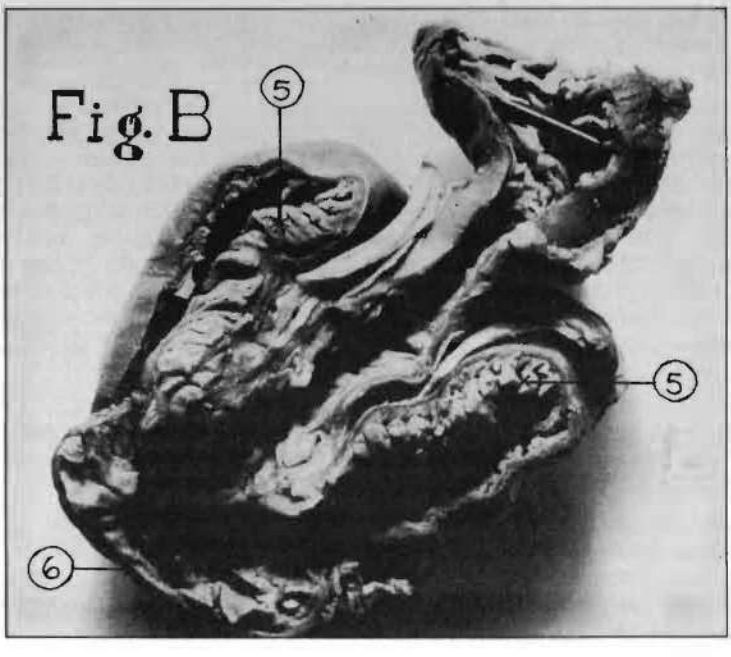

Fig. B

proximal extremity, that is, the end toward the duodenum. The fringed appearance (2) near the under surface marks the unevenly cut edge of the intestinal border of the mesentery. Note how it was drawn with the intussusceptum (3), into the intussuscipiens (4). Considerable traction applied to the ends of the specimen failed to undo the invagination.

Figure B shows the specimen cut open lengthwise. A few short metal props were placed transversely to keep the edges apart enabling the observer a satisfactory general view of the entire infolding. The excessive thickness of the plicae circulares (valvulae conniventes) (5) is probably due to a degree of post mortem congestion. The distal transverse cut (6) is, as seen, not very far from the place where the intussusceptum juts its spout into the lumen of the intussuscipiens.

COMMENTS

There are strong reasons supporting the belief that this intussusception was not an agonal type, that is, one caused during the death agony of the patient. An agonal type is usually readily reducible by traction. Furthermore, the smooth, "worn-off" appearance of the mesentery, the settled moulded shape, and some adhesions are evidence pointing toward a safe assumption that this case was a chronic one. The lumen was barely large enough to admit a probe somewhat thinner than an ordinary lead pencil.

The writer is unwilling to speculate as to the length of standing of this intussusception. Perhaps this man had had it since his childhood and, again, he might only have endured it for a few years or months before his death. However, there is no question but that its presence greatly hindered intestinal activity.

This particular case has a great value as a demonstration specimen in the study of intestinal diseases.

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CAMPUS NEWS

A new Freshman class of 72 has enrolled on the Glendale Campus of the Los Angeles College of Chiropractic. Over 50 had to be refused admission due to limitation of space.

As a part of the LACC Expansion Program a new building has been planned with classrooms accommodating over 300 students. The new building will front on Broadway in Glendale and will consist of six classrooms. These classrooms will be equipped with the latest in Audio-Visual facilities.

Part of the LACC classes continue to be held at the Nazarene College in Pasadena pending the completion of the new building in Glendale.

The new Los Gatos campus project is stronger to date than ever before. The problem of the road has been solved, thanks to the Jesuit Fathers, who own the adjacent property. They have granted an easement for an access drive through their property. The Fund Drive continues and the delay now is waiting for the completion of an Environment Impact Report. This Environmental study is required of all projects that in any way change the operation of a property.

Dr. Carroll Lowery of Phoenix, Arizona has returned to Los Angeles College of Chiropractic as the Dean of Students. Dr. Gabriel Richmond of Salt Lake City, Utah has joined the staff as Financial Aids Officer.

New additions to the teaching staff of LACC are Dr. Thomas DiMartini of Denver, Colorado; Dr. Eugene Coffey of Huntington Park, California in the Technic Department and Dr. Norman Barker in the Physical Therapy Department.

The early year graduation of the Los Angeles College of Chiropractic was held at the beautiful Ambassador College auditorium in Pasadena. Over 300 guests saw the Doctor of Chiropractic degree granted to 53 graduates.

LACC is destined to become involved in intra-mural sports. A soccer team is being formed on campus and will shortly be challenging the athletes of various regional colleges.

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PROFILE OF A REGENT

CHARLES I. CRECELIUS

Charles I. Crecelius

The latest member to be added to the expanded Board of Regents of the California Chiropractic Colleges - Los Angeles College of Chiropractic is Mr. Charles I. Crecelius, President of the National Health Federation.

Charles I. Crecelius was born in Wisconsin.

His higher education included training at Platteville Teachers College, Platteville, Wisconsin, from which he received his Bachelor of Science Degree in 1947.

Mr. Crecelius later attended the University of Wisconsin and the University of Southern California where, in 1957, he received his Master of Science Degree in Education. He completed most of the required work for the Doctoral program.

He then served in the U.S. Air Force in India as an instructor.

Mr. Crecelius served 5 years as a teacher, and 13 years as an elementary school principal in Los Angeles County, California.

He has been active in local Los Angeles County Civic and political projects including the Avenue of Flags, and The Committee of 5,000 dealing with gambling problems.

He has served as a member of the Board of Governors of The National Health Federation for 15 years, as Vice President for 3 years, and is currently serving his twelfth term as the One-Dollar-A-Year president of the organization.

He has travelled extensively and is in much demand as a speaker on health freedom subjects.

Mr. Crecelius' extensive background in education and his avid interest in health matters will make him a valued member of the Board of Regents.

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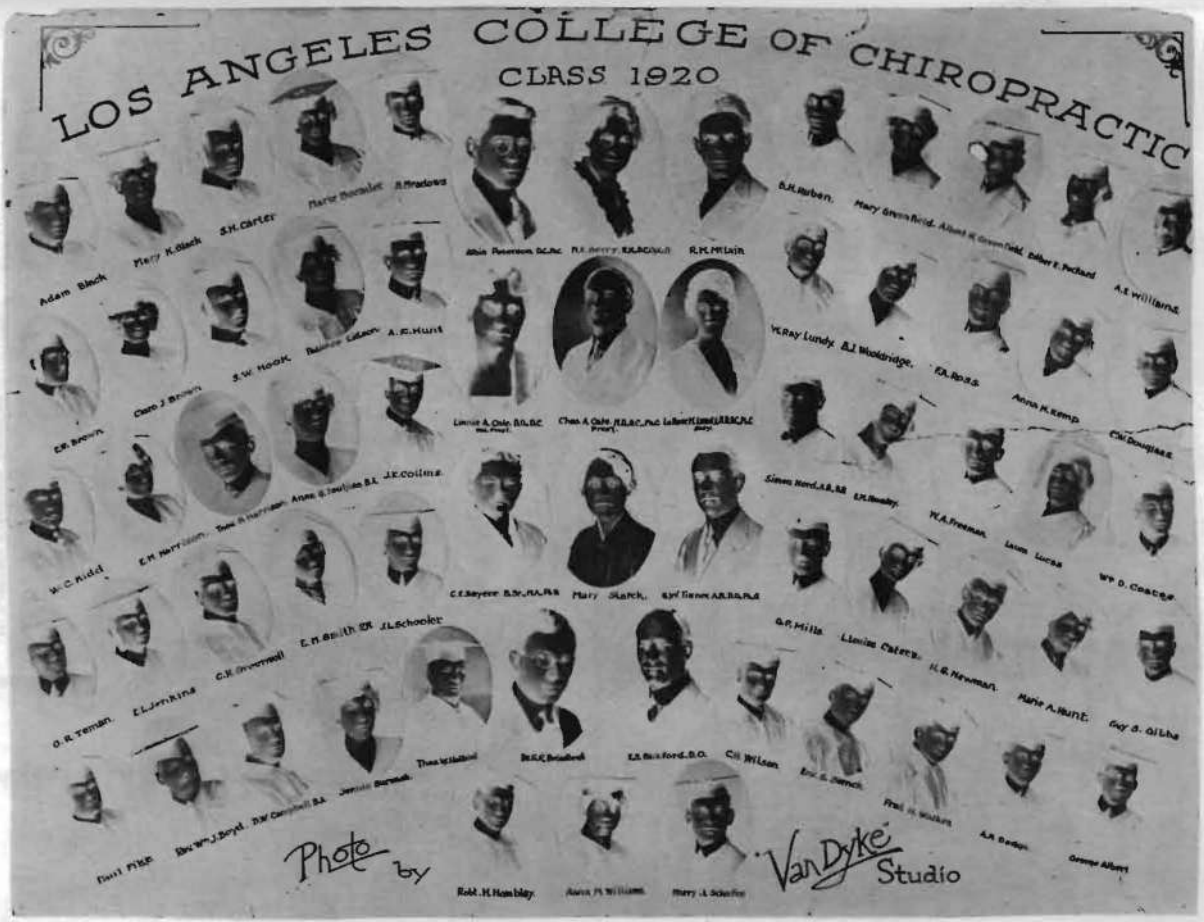
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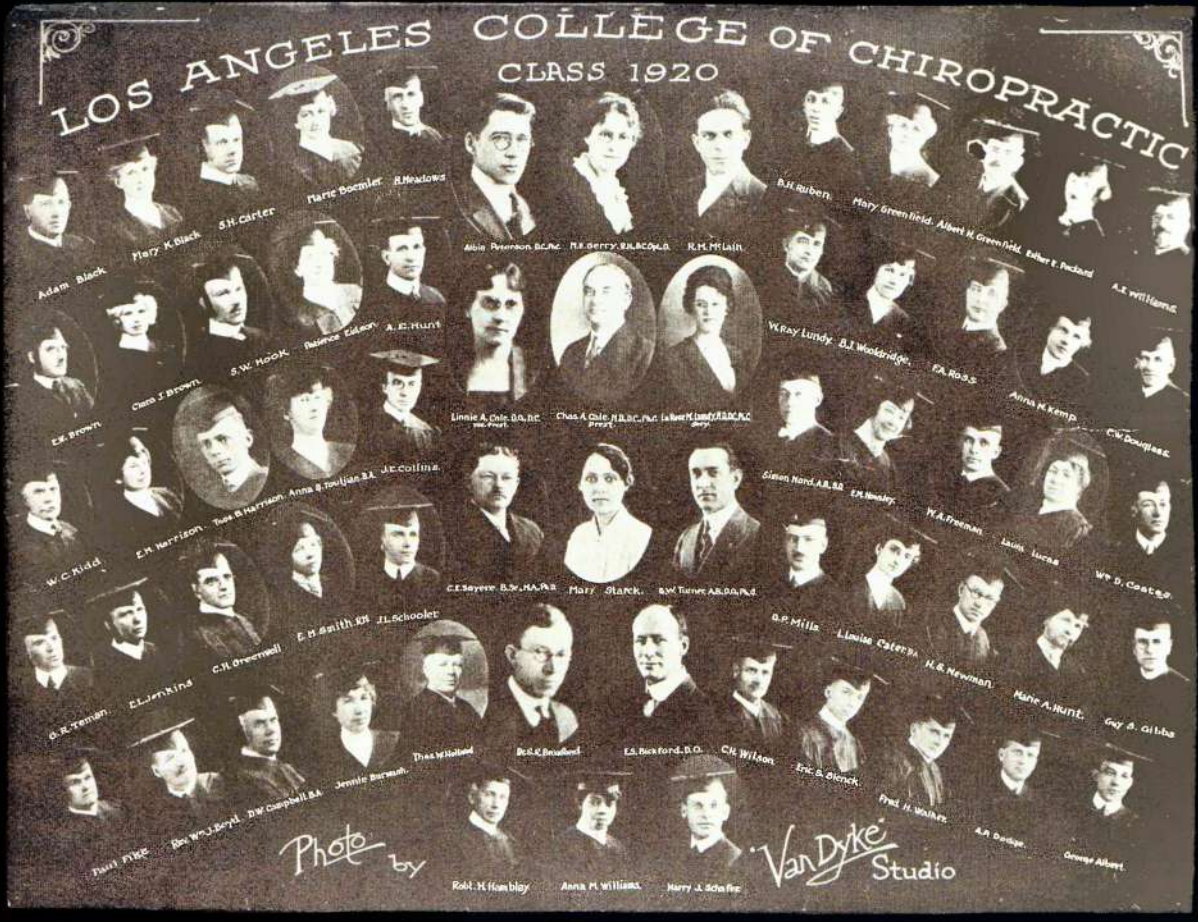
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